Big Spring Girls Softball Association

Coaches Application

**P.O. Box 3151**

**Big Spring, Texas 79721**

**Please complete and return application prior to the registration deadline**

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| Name: | | | Phone #: | | Alt. Phone #: | | | |
| Address: | | | City, State: | | Zip: | | | |
| Email: | | | Occupation/Employer: | | TX Drivers License Number: | | | |
| Emergency Contact: | | Relationship: | | | | Emergency #: | |
| Position Desired: Circle one  Head Coach or Manager | | | # of Years’ Experience: | | | Division Requested: | | |

NOTE: After Board approval is issued all volunteer coaches are required to have an ASA certified Background Check performed. Background Checks will be performed through the ASA website: [www.registerasa.com](http://www.registerasa.com). ASA will issue a card when cleared.

Failure to report an arrest, citation, or conviction may be cause for dismissal if discovered during the season.

Do you have a child(ren) playing this year? Y or N Name(s)/Ages:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any Coaching Certifications (not required): Y / N What Sport(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all past Coaching/Coordinator/Board Position experience, along with the locations of these programs:

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| Do you coach BS Little League? Yes\_\_\_\_ No\_\_\_\_ Do you coach travel ball? Yes\_\_\_\_ No\_\_\_\_ |
| Explain: |

|  |  |  |
| --- | --- | --- |
| Coach Applicant Signature |  | Date |

**By signing above and submitting this form, I certify that all information on this form is true to the best of my knowledge. I also authorize, BSGSA to make all necessary and appropriate investigations allowable by law. It is my responsibility to keep the BSGSA advised of any changes in address, or phone numbers.**